

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15, 2008**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 04-11-2008	Applicant Identifier	
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 4-11-2008		Federal Identifier		

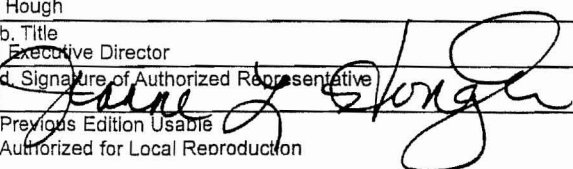
<b>5. APPLICANT INFORMATION</b>																						
Legal Name: Siskiyou County Economic Development Council	<b>Organizational Unit:</b> Department:																					
Organizational DUNS: 187670336	Division:																					
Address: Street: 1512 S. Oregon Street	<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: First Name: Tonya																					
City: Yreka																						
County: Siskiyou	Middle Name																					
State: CA Zip Code 96097	Last Name Dowse																					
Country: USA	Suffix:																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0062634	Email: tonya@siskiyoucounty.org																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)	<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) EDC-Non Profit Other (specify)																					
Other (specify)	<b>9. NAME OF FEDERAL AGENCY:</b> USDA, Rural Development																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Rural Business Enterprise Grant Program (RBEG)	<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Advanced Marketing Technical Assistance for Shared Use Commercial Kitchen																					
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Yreka, California, Siskiyou County	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 2 - Wally Herger b. Project District 2 - Wally Herger																					
<b>13. PROPOSED PROJECT</b> Start Date: 05-01-2008 Ending Date: 05-31-2009	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4-25-2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																					
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>30,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>12,600.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>42,600.00</td> </tr> </table>	a. Federal	\$	30,000.00	b. Applicant	\$	12,600.00	c. State	\$	.00	d. Local	\$	.00	e. Other	\$	.00	f. Program Income	\$	.00	g. TOTAL	\$	42,600.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
a. Federal	\$	30,000.00																				
b. Applicant	\$	12,600.00																				
c. State	\$	.00																				
d. Local	\$	.00																				
e. Other	\$	.00																				
f. Program Income	\$	.00																				
g. TOTAL	\$	42,600.00																				
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																						
<b>a. Authorized Representative</b> Prefix: Tonya First Name: Tonya Middle Name: Suffix:																						
Last Name: Dowse																						
<b>b. Title</b> Executive Director																						
<b>d. Signature of Authorized Representative</b> Tonya Dowse																						
<b>c. Telephone Number (give area code)</b> 530-842-1638																						
<b>e. Date Signed</b> 04/11/2008																						

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> April 11, 2008	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> 4-11-2008	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: Siskiyou Training and Employment Program, Inc. (STEP, Inc.)		<b>Organizational Unit:</b> Department: N/A	
Organizational DUNS: 174854588		Division: N/A	
Address: Street: 310 Boles Street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Ms. First Name: Jeanne	
City: Weed			
County: Siskiyou		Middle Name Lynn	
State: CA		Last Name Hough	
Zip Code 96094		Suffix: N/A	
Country: USA		Email: jhough@ncen.org	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0055462		Phone Number (give area code) 530-938-3231 ext. 217	Fax Number (give area code) 530-938-1499
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) <input type="checkbox"/> O Other (specify)	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 10-769		<b>9. NAME OF FEDERAL AGENCY:</b> USDA, Rural Development	
<b>12. AREAS AFFECTED BY PROJECT</b> (Cities, Counties, States, etc.): Siskiyou County		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Workplace Bootcamp	
<b>13. PROPOSED PROJECT</b> Start Date: August 1, 2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 2 - Wally Herger	
Ending Date: August 1, 2009		b. Project District 2 - Wally Herger	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal	\$ 47,580.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 4-25-2008	
b. Applicant	\$ 47,668.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ .00		
g. TOTAL	\$ 95,248.00		
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>			
<b>a. Authorized Representative</b>			
Prefix Ms.	First Name Jeanne	Middle Name Lynn	
Last Name Hough		Suffix N/A	
b. Title Executive Director		c. Telephone Number (give area code) 530-938-3231 ext. 217	
d. Signature of Authorized Representative 		e. Date Signed April 11, 2008	

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

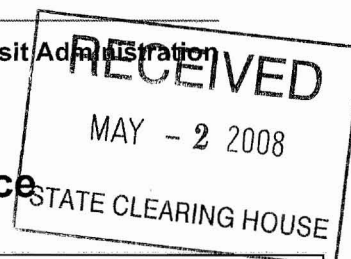
1. Type of Submission: Application _____ Precapapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier 08-271
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier L 00941108
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Kevin Graves 916-341-5782	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
6. D U N S Number: 808321913			
8. Type of Application: New _____ <input checked="" type="checkbox"/> Revision _____ Continuation _____ If Revision, enter appropriate letter(s): A _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.804 Title: State and Tribal Underground Storage Tanks Program		11. Descriptive Title of Applicant's Project: Development and implementation of regulatory programs for the prevention, detection, and correction of leaking UST's containing petroleum and hazardous substances.	
12. Area Affected by Project: (cities, counties, states, etc.) State of California			
13. Proposed Project: Start Date 7/1/2007 End Date 6/30/2009 MAY 01 2008		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$458,348 b. Applicant \$0 c. State \$167,841 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$626,189		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 1, 2008 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Dorothy Rice		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: 5/5/2008	



**DOT****FTA**

U.S. Department of Transportation

Federal Transit Administration

**Application for Federal Assistance**

Recipient ID:	1647
Recipient Name:	CULVER CITY, CITY OF
Project ID:	CA-90-Y641
Budget Number:	1 - Budget Pending Approval
Project Information:	Preventative Maintenance

**Part 1: Recipient Information**

Project Number:	CA-90-Y641
Recipient ID:	1647
Recipient Name:	CULVER CITY, CITY OF
Address:	4343 Duquesne Avenue , CULVER CITY, CA 90232 3576
Telephone:	(310) 253-6500
Facsimile:	(310) 253-6513

**Union Information**

Recipient ID:	1647
Union Name:	CULVER CITY EMPLOYEES ASSOCIATION
Address 1:	9505 W. Jefferson Blvd.
Address 2:	
City:	Culver City, CA 90232
Contact Name:	Ed Escarcega
Telephone:	(310) 253-6432
Facsimile:	
E-mail:	ed.escarcega@culvercity.org
Website:	

**Part 2: Project Information**

Project Type:	Grant	Gross Project Cost:	\$227,169
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Project Number:	CA-90-Y641	Adjustment Amt:	\$0
Project Description:	Preventative Maintenance	Total Eligible Cost:	\$227,169
Recipient Type:	City	Total FTA Amt:	\$181,735
FTA Project Mgr:	Charlene Lee Lorenzo 213.202.3952	Total State Amt:	\$0
Recipient Contact:	Grace Eng Nadel 310.253.6543	Total Local Amt:	\$45,434
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307-1	S.C. Tgt. Date:	None Specified
State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	-	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	YES	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Feb. 12, 2008		
Program Page:	7		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

### Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

### Congressional Districts

State ID	District Code	District Official
6	33	Diane E Watson

### Project Details

The total Federal Section 5307 funding requested in this grant is \$181,735 for Culver CityBus public transit funds.

5307 funding fiscal years are broken down as follows and are based on balances kept by the Los Angeles MTA.

FY 05 \$181,735

Culver CityBus' service area encompasses Culver City and the communities of Blair Hills, Century City, Marina Del Rey, Mar Vista, Palms, Rancho Park, Venice, West Los Angeles, and Westwood. Its service area covers approximately 40 square miles and serves a population of just under 300,000. Culver CityBus served approximately 5.8 million passengers in 2007.

Per the DOL checklist, Culver City Municipal Bus Lines is the recipient of these funds. The amount and type of funding is listed above and the proposed activity is listed below. The project will be carried out in the City of Culver City, CA by Culver City Municipal Bus Lines. The Culver CityBus service area is also served by Torrance Transit, Santa Monica's Big Blue Bus, LACMTA and the LAX Shuttle Service. Culver City's employees are represented by the Culver City Employees Association.

This grant is a request for Section 5307 funds for preventative maintenance during the FY 08 fiscal year. Per FTA requirements, the City will allocate a total of \$227,168.75 matched with \$45,443.75 in local funds. TIP ID#LA0B358.

### **Earmarks**

**No information found.**

### **Security**

No – We will not expend at least 1% of the 5307 funds in this grant application for security purposes.

3. Other, please describe below.

### **Explanation**

Los Angeles county Metro currently expends at least 1% of the County's 5307 funds for security for the County's transit systems.

## **Part 3: Budget**

### **Project Budget**

	Quantity	FTA Amount	Tot. Elig. Cost
<b>SCOPE</b>			
<b>117-00 OTHER CAPITAL ITEMS (BUS)</b>	0	\$181,735.00	\$227,168.75
<b>ACTIVITY</b>			
<b>11.7A.00 PREVENTIVE MAINTENANCETIPID#LA0B358</b>	0	\$181,735.00	\$227,168.75
<b>Estimated Total Eligible Cost:</b>			<b>\$227,168.75</b>
<b>Federal Share:</b>			<b>\$181,735.00</b>
<b>Local Share:</b>			<b>\$45,433.75</b>

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application Construction <input type="checkbox"/> Construction <input type="checkbox"/> <u>X</u> Nonconstruction <input type="checkbox"/> Nonconstruction <input type="checkbox"/>		2. Date Submitted	Applicant Identifier 08-272
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (ETN): 68-0281986 6. D U N S Number: 808321913 8. Type of Application: <u>X</u> New <input type="checkbox"/> Revision <input type="checkbox"/> Continuation <input type="checkbox"/> If Revision, enter appropriate letter(s): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		4. Date Rec'd by Federal	Federal Identifier
10. Catalog of Federal Domestic Assistance Number 66.xxx Title: (Under Development)		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Kevin Graves 916-341-5782	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State II. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
13. Proposed Project: Start Date 7/1/2008 End Date 6/30/2009		9. Name of Federal Agency: U. S. Environmental Protection Agency	
15. ESTIMATED FUNDING: a. Federal \$1,100,000 b. Applicant \$0 c. State \$380,465 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$1,480,465		11. Descriptive Title of Applicant's Project: The Energy Policy Act of 2005 contains amendments to the Solid Waste Disposal Act (original legislation that created the Underground Storage Tank (UST) Program) to focus on preventing releases. This includes provisions regarding inspections, operator training, delivery prohibition, secondary containment and financial responsibility, and cleanup of releases containing oxygenated fuel additives.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		14. Congressional District of: Applicant: 3 Project: California - All	
a. Typed Name of Authorized Representative Dorothy Rice		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <u>X</u> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 2, 2008 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
d. Signature of Authorized Representative		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <u>X</u> NO	
b. Title: Executive Director		c. Telephone Number (916) 341-5615	
e. Date Signed: 5/6/2008			

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

Hope United Methodist Church

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: San Diego County Hope United Methodist Church

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-3266943

\* c. Organizational DUNS:

843668492

d. Address:

\* Street1: 16550 Bernardo Heights Parkway

Street2:

\* City: San Diego

County:

\* State:

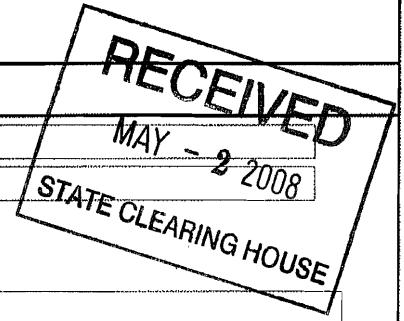
CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 92128



e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name: Ralph

Middle Name:

\* Last Name: Staples

Suffix:

Title: Board of Trustees Chair

Organizational Affiliation:

\* Telephone Number: 619-733-1942

Fax Number:

\* Email: rstaples@epsilonsystems.com

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Department of Homeland Security - FEMA

**11. Catalog of Federal Domestic Assistance Number:**

97.008

**CFDA Title:**

Urban Areas Security Initiative

**\* 12. Funding Opportunity Number:**

DHS-08-GDA-008-1799

**\* Title:**

FY 2008 Urban Areas Security Initiative Nonprofit Security Grant Program (NSGP)

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**\* 15. Descriptive Title of Applicant's Project:**

This project will provide both an intrusion alarm system with video surveillance and an access control system to the church property. It also includes close proximity speakers to warn intruders.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant 50

\* b. Program/Project 50

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date: 08/01/2008

\* b. End Date: 11/30/2008

18. Estimated Funding (\$):

* a. Federal	54,785.00
* b. Applicant	18,275.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	73,060.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/01/2008 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:



OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application      Preapplication ____ Construction      ____ Construction <input checked="" type="checkbox"/> Nonconstruction      ____ Nonconstruction		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986 6. D U N S Number: 808321913 8. Type of Application: <input checked="" type="checkbox"/> New      ____ Revision      ____ Continuation If Revision, enter appropriate letter(s): A. Increase Award      B. Decrease Award C. Increase Duration      D. Decrease Duration Other (specify) _____		4. Date Rec'd by Federal	Federal Identifier
10. Catalog of Federal Domestic Assistance Number: 66.460 Title: Nonpoint Source Implementation Grants		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Steve Fagundes 916-341-5487	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State      H. Independent School District B. County      I. State Institute of Higher Learning C. Municipal      J. Private University D. Township      K. Indian Tribe E. Interstate      L. Individual F. Intermunicipal      M. Profit Organization G. Special District      N. Other (specify)	
13. Proposed Project: Start Date      End Date 7/1/2008      6/30/2013		9. Name of Federal Agency: U. S. Environmental Protection Agency	
15. ESTIMATED FUNDING: a. Federal      \$10,798,656 b. Applicant      \$0 c. State      \$7,199,104 d. Local      \$0 e. Other      \$0 f. Program Income      \$0 g. TOTAL      \$17,997,760		11. Descriptive Title of Applicant's Project: Implement and coordinate activities and projects under the Clean Water Act, Section 319(h) for funding nonpoint source management projects.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		14. Congressional District of: Applicant:      Project: 3      California - All	
a. Typed Name of Authorized Representative Dorothy Rice		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 2, 2008 b. NO:      Program is not covered by EO # 12372 Program has not been selected by the state for review.	
d. Signature of Authorized Representative		17. Is the applicant delinquent on any Federal debt? <input type="checkbox"/> YES, attach explanation <input checked="" type="checkbox"/> NO	
		e. Telephone Number (916) 341-5615	
		f. Date Signed: 5/6/2008	

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> 05/01/2008	Applicant Identifier
		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		Federal Identifier	

<b>5. APPLICANT INFORMATION</b> Legal Name: Antelope Valley Fire Protection District		<b>Organizational Unit:</b> Department: Antelope Valley Fire Protection District	
Organizational DUNS: 103623980		Division:	
Address: Street: 51 Shop Road		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Coleville		Prefix: Mrs.	First Name: Denea
Country: Mono		Middle Name	
State: California		Last Name Sherlock	
Zip Code 96107		Suffix:	
Country: US		Email: gotscott2@yahoo.com	
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 77-0358286		Phone Number (give area code) 530-495-2124	Fax Number (give area code) 530-495-2900
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) G. Special District Other (specify)	
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> USDA	
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program):		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Acquisition of a 2002 type I Fire Engine, 4x4 Fire Rescue Pumper, 6 crew enclosed cab, with 5 SCBA seats.	
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Walker, Coleville, Topaz, of Mono County, California and surrounding area		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 26th McKeon	
<b>13. PROPOSED PROJECT</b> Start Date: 05/10/2008		b. Project 25th McKeon	
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. Federal \$ 149,000		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant \$ 50,000		DATE: 05/02/2008	
c. State \$ 0		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local \$ 0		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other \$ 0		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>	
f. Program Income \$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL \$ 199,000		<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>	
<b>a. Authorized Representative</b>			
Prefix Mrs.		First Name Denea	
Last Name Sherlock		Middle Name	
b. Title Administrator		Suffix	
d. Signature of Authorized Representative		c. Telephone Number (give area code) 530-495-2900	
e. Date Signed 05/01/2008			

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier 08-270
		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Kevin Graves 916-341-5782	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
6. D U N S Number: 808321913			
8. Type of Application: <input checked="" type="checkbox"/> New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.805 Title: Leaking Underground Storage Tank Trust Fund Program		11. Descriptive Title of Applicant's Project: Continue to develop and implement effective regulatory programs for the prevention, detection, and correction of releases from leaking UST systems containing petroleum or hazardous substances regulated under the Resource Conservation and Recovery Act (RCRA) Subtitle I.	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		13. Proposed Project: STATE CLEARING HOUSE	
Start Date 7/1/2008	End Date 6/30/2011	14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING:		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: May 2, 2008 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
a. Federal \$4,926,604 b. Applicant \$0 c. State \$738,272 d. Local \$0 e. Other \$0 f. Program Income \$0 g. TOTAL \$5,664,876		17. Is the applicant delinquent on any Federal debt? _____ YES, attach explanation _____X_____ NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Dorothy Rice		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: 5/6/2008	

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

2. DATE SUBMITTED

Applicant Identifier

Safinya-20081431

3. DATE RECEIVED BY STATE

State Application Identifier

## 1. \* TYPE OF SUBMISSION

☐ Pre-application ☒ Application  
☐ Changed/Corrected Application

4. Federal Identifier

DE-FG02-06ER48314 Supplemental

## 5. APPLICANT INFORMATION

\* Organizational DUNS: 094878394

\* Legal Name: The Regents of the University of California

Department: Office of Research

Division:

\* Street1: 3227 Cheadle Hall

Street2: University of California

\* City: Santa Barbara

County: Santa Barbara

\* State: CA: Califor

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 93106

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STATE CLEARING HOUSE

Person to be contacted on matters involving this application

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Ms. Cara Egan-Williams

\* Phone Number: 805-893-8809

Fax Number: 805-893-2811

Email: eganwilliams@research.ucsb.edu

## 6. \* EMPLOYER IDENTIFICATION (EIN) or (TIN):

95-6006145W

## 7. \* TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

8. \* TYPE OF APPLICATION: ☐ New☐ Resubmission ☐ Renewal ☐ Continuation ☒ Revision

Other (Specify):

Small Business Organization Type

☒ Women Owned☐ Socially and Economically Disadvantaged

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration☐ D. Decrease Duration ☒ E. Other (specify): Supplemental

## 9. \* NAME OF FEDERAL AGENCY:

Chicago Service Center

## 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

81.049

TITLE: Office of Science Financial Assistance Program

## 11. \* DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Miniaturized Hybrid Materials Inspired by Nature

## 12. \* AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

U.S.

## 13. PROPOSED PROJECT:

\* Start Date

\* Ending Date

08/01/2008

07/31/2009

## 14. CONGRESSIONAL DISTRICTS OF:

a. \* Applicant

b. \* Project

CA-023

CA-023

## 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: \* First Name: Middle Name: \* Last Name: Suffix:  
Dr. Cyrus R. Safinya

Position/Title: Professor

\* Organization Name: The Regents of the University of California

Department: Materials Research Laboratory

Division:

\* Street1: MRL, 5121

Street2: University of California

\* City: Santa Barbara

County: Santa Barbara

\* State: CA: Califor

Province:

\* Country: UNITED ST \* ZIP / Postal Code: 93106

\* Phone Number: 8058938835

Fax Number: 8058938797

\* Email: safinya@mrl.ucsb.edu

OMB Number: 4040-0001

Expiration Date: 04/30/2008

## SF 424 (R&amp;R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

<b>16. ESTIMATED PROJECT FUNDING</b>  a. * Total Estimated Project Funding <input style="width: 150px;" type="text" value="200,000.00"/> b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text" value="200,000.00"/> c. * Estimated Program Income <input style="width: 150px;" type="text" value="0.00"/>	<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>  a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width: 150px;" type="text" value="05/05/2008"/>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
---	--

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ \* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

<b>19. Authorized Representative</b>				
Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix:
Ms.	Cara		Egan-Williams	
* Position/Title:	Sponsored Projects Officer		* Organization: The Regents of the University of California	
Department:	Office of Research		Division:	
* Street1:	3227 Cheadle Hall		Street2: University of California	
* City:	Santa Barbara	County:	Santa Barbara	* State: CA: Califor
Province:		* Country:	UNITED ST	* ZIP / Postal Code: 93106
* Phone Number:	805-893-8809	Fax Number:	805-893-2611	* Email: proposals@research.ucsb.edu
* Signature of Authorized Representative			* Date Signed	
Completed on submission to Grants.gov			Completed on submission to Grants.gov	

**20. Pre-application**

**21. Attach an additional list of Project Congressional Districts if needed.**

OMB Approval No. 0348-0043

**APPLICATION FOR FEDERAL ASSISTANCE**

1. Type of Submission: Application                      Preapplication Construction                  Construction X Nonconstruction              Nonconstruction		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): Liz Haven (916) 341-5573	
8. Type of Application: X New      Revision      Continuation If Revision, enter appropriate letter(s): A. Increase Award      B. Decrease Award C. Increase Duration      D. Decrease Duration Other (specify)		7. Type of Applicant: (enter appropriate letter) A A. State                      H. Independent School District B. County                      I. State Institute of Higher Learning C. Municipal                      J. Private University D. Township                      K. Indian Tribe E. Interstate                      L. Individual F. Intermunicipal                      M. Profit Organization G. Special District                      N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.419 Title: Water Pollution Control State and Interstate Program Support		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) State of California		11. Descriptive Title of Applicant's Project:  To protect and improve California's surface waters in the implementation of water quality laws in the California Porter-Cologne Water Quality Control Act and the federal Clean Water Act (CWA).	
13. Proposed Project: Start Date                      End Date 7/1/2008                      6/30/2011		14. Congressional District of: Applicant:                      Project: 3                      California - All	
15. ESTIMATED FUNDING:  a. Federal                      \$45,521,982 b. Applicant                      \$0 c. State                      \$26,722,158 d. Local                      \$0 e. Other                      \$0 f. Program Income                      \$0  g. TOTAL                      \$72,244,140		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: X This application/preapplication was made available to the State EO 12372 process for review on: Date: May 5, 2008 b. NO: Program is not covered by EO # 12372 Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? YES, attach explanation                      X NO	
a. Typed Name of Authorized Representative Dorothy Rice		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed: May 5, 2008	

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STATE CLEARING HOUSE

# DOT



# FTA

U.S. Department of  
Transportation

Federal Transit Administration

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MAY - 5 2008

STATE CLEARING HOUSE

## Application for Federal Assistance

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-04-0075-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Purchase buses

### Part 1: Recipient Information

Project Number:	CA-04-0075-00
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

### Union Information

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9890
E-mail:	cheryl@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	AFSCME



Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@aol.com
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	SUSAN GREENWOOD
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9890
E-mail:	susan@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	MARSHA STEINBERG
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9890
E-mail:	marsha@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3202 E. WILLOW STREET
Address 2:	
City:	LONG BEACH, CA 90806
Contact Name:	JOHN DAVIS
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	JDavis@teamsters911.com
Website:	

Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	DARRYL HENDERSON
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@AOL.COM
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	JEWEL JUNIOR
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@AOL.COM
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	OLIVIA NELSON
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@AOL.COM
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	KAREN PEDINI
Telephone:	(714) 828-0703

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1563 (DIV. 1, 2, 9)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	ROBERT GONZALEZ
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1607 (DIV. 3, 6, 10)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	ENRIQUE ORTEGA
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1565 (DIV. 7, 11, 15, 20)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	CHARLES SQUARE
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	3200 WILSHIRE BOULEVARD
Address 2:	SUITE 1100

E-mail:	DSheldon@atu1277.com
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	LOCAL 1277
Address 2:	3200 WILSHIRE BOULEVARD
City:	LOS ANGELES, CA 90010 1315
Contact Name:	NEIL SILVER
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350
E-mail:	NSilver@atu1277.com
Website:	

## Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$3,600,000
Project Number:	CA-04-0075-00	Adjustment Amt:	\$0
Project Description:	Purchase buses	Total Eligible Cost:	\$3,600,000
Recipient Type:	Transit Authority	Total FTA Amt:	\$882,118
FTA Project Mgr:	Ray Tellis (213) 202-3956	Total State Amt:	\$0
Recipient Contact:	Richard Christie (213) 922-6022	Total Local Amt:	\$2,717,882
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
		Special Condition:	None Specified
Fed Dom Asst. #:	20500	S.C. Tgt. Date:	None Specified
Sec. of Statute:	5309-2	S.C. Eff. Date:	None Specified
State Appl. ID:	None Specified	Est. Oblig Date:	None Specified
Start/End Date:	Jun. 30, 2008 - Dec. 30, 2009	Pre-Award Authority?:	No
Recvd. By State:	Apr. 23, 2008	Fed. Debt Authority?:	No
EO 12372 Rev:	YES	Final Budget?:	No
Review Date:	Nov. 29, 2007		
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 02, 2006		
Program Page:	3 and 4		

OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED May 8, 2008	Applicant Identifier
<input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Cic Brawley Pioneers, L.P.		Organizational Unit: N/A	
Address (give city, county, State, and zip code): 5993 Avenida Encinas, Suite 101 Carlsbad, CA 92008		Name and telephone number of person to be contacted on matters involving this application (give area code): Jordan Penn (760) 456-6000 x149	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 26-2554033		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Ltd Partnership</u> <u>(w/ not-for-profit as General Partner)</u>	
TITLE: Farm Labor Housing Loans		9. NAME OF FEDERAL AGENCY: Rural Housing Service, Department of Agriculture	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Imperial County, California		Brawley Pioneers Apartments (new affordable multifamily construction)	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 10/1/08	Ending Date 6/1/09	a. Applicant 50th	b. Project 51st
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA 514 Loan	\$ 3,000,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>May 8, 2008</u>	
b. Applicant Tax credits & Deferred Dev. Fee	\$ 8,329,960	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State AHP - FHL Bank	\$ 375,000	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local City of Brawley	\$ 350,000	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other Permanent Loan	\$ 1,136,455		
f. Program Income	\$		
g. TOTAL	\$ 13,191,415		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Jack K. Jaynes	b. Title Pres. / Exec. Director - PSCDC	c. Telephone Number (858) 847-0280	
d. Signature of Authorized Representative <i>Jack K. Jaynes</i>		e. Date Signed 5/8/08	

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MAY - 8 2008

STATE CLEARING HOUSE

APPLICATION FOR  
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED May 7, 2008		Applicant Identifier	
<input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: CIC Calexico Andrade, L.P.			Organizational Unit: N/A		STATE CLEARING HOUSE
Address (give city, county, State, and zip code): 5993 Avenida Encinas, Suite 101 Carlsbad, CA			Name and telephone number of person to be contacted on matters involving this application (give area code): Jeff Ragland (760) 456-6000 x160		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 26 - 2557347			7. TYPE OF APPLICANT: (enter appropriate letter in box) N		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):			A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Ltd. Partnership</u> <u>(not-for-profit as General Partner)</u>		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10 - 405 TITLE: Farm Labor Housing Loans			9. NAME OF FEDERAL AGENCY: Rural Housing Service, Department of Agriculture		
11. AREAS AFFECTED BY PROJECT (include all) 10/108 6/109 50th			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Calexico Andrade Apartments (new affordable multifamily construction) 51st		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal USDA 514 Loan \$ 3,000,000			a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE May 8, 2008		
b. Applicant Tax credit Deferred Dev. Fee \$ 7,054,166			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State AHP-FHL Bank \$ 295,000			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
d. Local \$			<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
e. Other Permanent Loan \$ 615,958					
f. Program Income \$					
g. TOTAL \$ 10,965,124 0					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Type Name of Authorized Representative Jack K. Jaynes		b. Title Pres. / Exec. Director - PSCDC		c. Telephone Number (858) 847-0280	
d. Signature of Authorized Representative <i>Jack K. Jaynes</i>				e. Date Signed 5/8/08	

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Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

**APPLICATION FOR**

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b> State Application Identifier <b>RECEIVED</b> MAY - 8 2008																																					
<b>6. APPLICANT INFORMATION</b> Legal Name: <b>CIC Arvin Family Apts., L.P.</b> Address (give city, county, State, and zip code): <b>5993 Avenida Encinas, Suite 101          Carlsbad, CA 92008</b>		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b> Federal Identifier Organizational Unit: <b>N/A</b> Name and telephone number of person to be contacted on matters involving this application (give area code): <b>Jeff Ragland (760) 456-6000 x160</b>																																					
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="border: 1px solid black; padding: 2px;">2 6 - 2 5 7 0 6 9 5</div>		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="text-align: right; border: 1px solid black; padding: 2px; width: 30px; float: right;">N</div> <table style="width:100%; font-size: small;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td>C. Municipal</td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) <u>Ltd Partnership</u></td> </tr> </table> <p><i>(W/ not for profit as General Partner)</i></p>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	C. Municipal	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) <u>Ltd Partnership</u>																						
A. State	H. Independent School Dist.																																						
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F. Intermunicipal	M. Profit Organization																																						
G. Special District	N. Other (Specify) <u>Ltd Partnership</u>																																						
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block;"></div> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other (specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> <b>Rural Housing Service, Department of Agriculture</b>																																					
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> <div style="text-align: center; border: 1px solid black; padding: 2px;">1 0 - 4 1 5</div> TITLE: <b>Rural Rental Housing Program for New Construction</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> <b>Arvin Family Apartments          (new affordable multifamily construction)</b>																																					
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> <b>Kern County, California</b>		<b>13. PROPOSED PROJECT</b> Start Date    Ending Date 10/1/08    6/1/09																																					
<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant    50th		b. Project    22nd																																					
<b>15. ESTIMATED FUNDING:</b> <table style="width:100%; font-size: small;"> <tr> <td>a. Federal</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>USDA 515 / HOME</td> <td></td> <td style="text-align: right;">3,000,000</td> </tr> <tr> <td>b. Applicant Tax credit</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>&amp; deferred Dev. Fee</td> <td></td> <td style="text-align: right;">4,467,045</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>AHP / MHP</td> <td></td> <td style="text-align: right;">3,572,821</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>Permanent Loan</td> <td></td> <td style="text-align: right;">1,021,320</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">00</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">12,061,186 0</td> </tr> </table>		a. Federal	\$	00	USDA 515 / HOME		3,000,000	b. Applicant Tax credit	\$	00	& deferred Dev. Fee		4,467,045	c. State	\$	00	AHP / MHP		3,572,821	d. Local	\$	00	e. Other	\$	00	Permanent Loan		1,021,320	f. Program Income	\$	00	g. TOTAL	\$	00			12,061,186 0	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>May 8, 2008</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	00																																					
USDA 515 / HOME		3,000,000																																					
b. Applicant Tax credit	\$	00																																					
& deferred Dev. Fee		4,467,045																																					
c. State	\$	00																																					
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d. Local	\$	00																																					
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Permanent Loan		1,021,320																																					
f. Program Income	\$	00																																					
g. TOTAL	\$	00																																					
		12,061,186 0																																					
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes    If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		DOCUMENT HAS BEEN FULLY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																					
a. Type Name of Authorized Representative <b>Jack K. Jaynes</b>		b. Title <b>Pres. / Exec. Director - PSCDC</b>																																					
c. Telephone Number <b>(858) 847-0280</b>		d. Signature of Authorized Representative 																																					
e. Date Signed <u>5/8/08</u>		Previous Edition Usable Authorized for Local Reproduction																																					

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 Prescribed by OMB Circular A-102



# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 5/6/08		Applicant Identifier	
<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: <b>Programming &amp; Policy Analysis</b>			
Address (give city, state, and zip code):  <b>One Gateway Plaza Los Angeles, California 90012-2952</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code)  <b>Kathy Banh (213) 922-7635</b>			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <b>95 - 44 0 19 75</b>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>			
8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)  If Revision, enter appropriate letter(s) in box(es):  A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify)  <b>State Chartered Transit District</b> 9. NAME OF FEDERAL AGENCY: <b>Federal Transit Administration</b>			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <b>TITLE 49 U.S.C. § 5307/5340</b>		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT:  <b>Growing States - PM Rail, CA-90-Y510-02</b>			
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  <b>County of Los Angeles, CA</b>					
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF			
Start Date <b>7/1/06</b>	Ending Date <b>6/30/09</b>	a. Applicant <b>Districts 24 through 39, and 41</b>		b. Project <b>Same as Applicant</b>	

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 7,070,563.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>5/6/08</u>	
b Applicant	\$ .00	b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372	
c State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d Local	\$ 1,767,641.00		
e Other	\$ .00		
f Program Income	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 8,838,204.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative <b>GLADYS LOWE</b> <i>Richard Christie</i>		b Title Director Regional Program Management	c Telephone number <b>(213) 922-2459</b>
d. Signature of Authorized Representative		e. Date Signed	

OMB Approval No. 0348-0043

# APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED May 7, 2008	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
6. APPLICANT INFORMATION			
Legal Name: CIC McFarland Family Apts., L.P.		Organizational Unit: N/A	
Address (give city, county, State, and zip code): 5993 Avenida Encinas, Suite 101 Carlsbad, CA		Name and telephone number of person to be contacted on matters involving this application (give area code): Jeff Ragland (760) 456-6000 x160	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] To Be Determined		7. TYPE OF APPLICANT: (enter appropriate letter in box) <b>N</b>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [ ] [ ] A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify):		A. State    H. Independent School Dist. B. County    I. State Controlled Institution of Higher Learning C. Municipal    J. Private University D. Township    K. Indian Tribe E. Interstate    L. Individual F. Intermunicipal    M. Profit Organization G. Special District    N. Other (Specify) <u>Ltd. Partnership</u> <u>(10/ not-fn- profit as General Partner)</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]		9. NAME OF FEDERAL AGENCY: Rural Housing Service, Department of Agriculture	
TITLE: Rural Rental Housing Program for New Construction		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: McFarland Family Apartments (new affordable multifamily construction)	
1. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Kern County, California		<div style="border: 2px solid black; padding: 5px; transform: rotate(-5deg);"> <b>RECEIVED</b>  MAY - 9 2008  STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT			
Start Date 10/1/08	Ending Date 6/1/09	14. CONGRESSIONAL DISTRICTS OF:	
a. Applicant 50th		b. Project 22nd	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal USDA / HOME	\$ 3,300,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE <u>May 9, 2008</u>	
b. Applicant Tax credit & Deferred Dev. Fee	\$ 4,608,551	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State AHP / MHP	\$ 3,770,821	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other Permanent Loan	\$ 1,009,122	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income	\$	a. Type Name of Authorized Representative Jack K. Jaynes	
g. TOTAL	\$ 12,688,494 0	b. Title Pres. / Exec. Director - PSCDC	
Signature of Authorized Representative <u>Jack K. Jaynes</u>		c. Telephone Number (858) 847-0280	
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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant 23rd

\* b. Program/Project 23rd

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

## 17. Proposed Project:

\* a. Start Date: 08/01/2008

\* b. End Date: 07/31/2009

## 19. Estimated Funding (\$):

* a. Federal	207,439.00
* b. Applicant	9,902.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	217,341.00

RECEIVED

MAY 12 2008

STATE CLEARING HOUSE

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/12/2008☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Completed

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix:

\* First Name: George

Middle Name:

\* Last Name: Hopwood

Suffix:

\* Title: Sponsored Projects Officer

\* Telephone Number: 805-893-6630

Fax Number:

\* Email: proposals@research.ucsb.edu

\* Signature of Authorized Representative: Completed by Grants.gov upon submission.

\* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)

Prescribed by OMB Circular A-102

OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 1. Type of Submission:

☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

## 2. Type of Application:

☒ New  
☐ Continuation  
☐ Revision

## 3. If Revision, select appropriate letter(s):

Other (Specify)

## 3. Date Received:

Completed by Grants.gov upon submission.

## 4. Applicant Identifier:

## 5a. Federal Entry Identifier:

## 5b. Federal Award Identifier:

## State Use Only:

## 6. Date Received by State:

## 7. State Application Identifier:

## B. APPLICANT INFORMATION:

## a. Legal Name: The Regents of the University of California

## b. Employer/Taxpayer Identification Number (EIN/TIN):

95-6006145W

## c. Organizational DUNS:

094878394

## d. Address:

## Street1:

3227 Cheadle Hall

## Street2:

## City:

Santa Barbara

## County:

## State:

CA: California

## Province:

## Country:

USA: UNITED STATES

## Zip / Postal Code: 93106-2060

## e. Organizational Unit:

## Department Name:

## Division Name:

## f. Name and contact information of person to be contacted on matters involving this application:

## Prefix:

## First Name:

Heather

## Middle Name:

## Last Name:

Phillips

## Suffix:

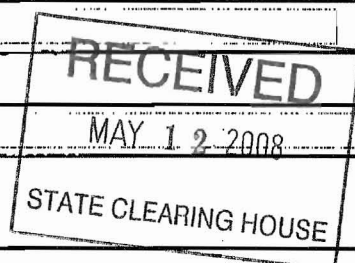
## Title: Contracts &amp; Grants Analyst

## Organizational Affiliation:

## Telephone Number: 805-893-5922

## Fax Number:

## Email: heather@education.ucsb.edu



OMB Number: 4040-0004

Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

## Type of Applicant 2: Select Applicant Type:

## Type of Applicant 3: Select Applicant Type:

\* Other (specify):

## \* 10. Name of Federal Agency:

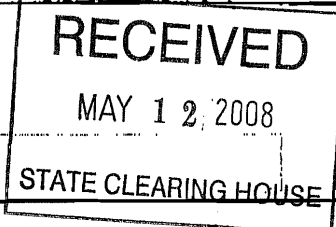
U.S. Department of Education

## 11. Catalog of Federal Domestic Assistance Number:

84.184

## CFDA Title:

Safe and Drug-Free Schools and Communities\_National Programs



## \* 12. Funding Opportunity Number:

ED-GRANTS-040108-001

## \* Title:

Models of Exemplary, Effective, and Promising Alcohol or Other Drug CFDA Number 84.184N

## 13. Competition Identification Number:

84-184N2008-1

## Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

This project will affect UCSB, other UC campuses and other universities across the state and the nation.

## \* 15. Descriptive Title of Applicant's Project:

UCSB CASE: Implementing and Evaluating a Model Program to Reduce High-Risk Drinking on College Campuses

Attach supporting documents as specified in agency instructions.



APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> February 11, 2008 (Revised May 1, 2008)		Applicant Identifier	
<input checked="" type="checkbox"/> Construction		<input type="checkbox"/> Pre-application		<b>3. DATE RECEIVED BY STATE</b>	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction		State Application Identifier	
<input type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	
<b>5. APPLICANT INFORMATION</b>		Federal Identifier		<b>RECEIVED</b>  MAY 12 2008  STATE CLEARING HOUSE	
Legal Name:		Organizational Unit:			
County of Plumas		Department: Planning			
Organizational DUNS: 01-099-7419		Division: Airports			
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street: 520 Main Street, Room 309		Prefix: Mr.		First Name: Jack	
City: Quincy		Middle Name			
County: Plumas		Last Name Ingstad			
State: California		Zip Code 95971		Suffix:	
Country: USA		Email: jackingstad@countyofplumas.com			
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000528		Phone Number (give area code) (530) 283-6315		Fax Number (give area code) (530) 283-6288	
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) A <input type="checkbox"/>		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) B. County Other (specify)			
Other (specify)		<b>9. NAME OF FEDERAL AGENCY:</b> Federal Aviation Administration			
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 20-106		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Rogers Field, Chester, Plumas County, California Obstruction Removal, Closure Markings Runway 5-23, Taxiway Hold Short Lines Pavement Evaluation and Pavement Management Plan - Rogers Field, Beckwourth-Nervino Airport, Gansner Field			
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Chester, Plumas County, California		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 02 b. Project 02			
<b>13. PROPOSED PROJECT</b> Start Date: 2008 Ending Date: 2008		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 5, 2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
<b>15. ESTIMATED FUNDING:</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			
a. Federal \$ 184,300.00					
b. Applicant \$ 5,092.00					
c. State \$ 4,608.00					
d. Local \$ 0.00					
e. Other \$ 0.00					
f. Program Income \$ 0.00					
g. TOTAL \$ 194,000.00					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Authorized Representative					
Prefix Mr.		First Name Jack		Middle Name	
Last Name Ingstad		Suffix			
b. Title County Administrative Officer		c. Telephone Number (give area code) (530) 283-6315			
d. Signature of Authorized Representative		e. Date Signed 5-9-08			

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Prescribed by OMB Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED February 11, 2008 (Rev. May 1, 2008)	Applicant Identifier
<input checked="" type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  MAY 12 2008  STATE CLEARING HOUSE </div>	
Legal Name:			
County of Plumas		Organizational Unit:	
Organizational DUNS: 01-099-7419		Department:	Planning
Address:		Division:	Airports
Street: 520 Main Street, Room 309		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Quincy		Prefix: Mr.	First Name: Jack
County: Plumas		Middle Name	
State: California		Last Name Ingstad	
Zip Code 95971	Suffix:		
Country: USA	Email: jackkingstad@countyofplumas.com		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000528		Phone Number (give area code) 530-283-6315	Fax Number (give area code) (530) 283-6288
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <span style="border: 1px solid black; padding: 0 5px;">B</span>		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Airport Improvement Program 20-106		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Beckwourth, Plumas County, California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <del>Beckwourth-Nevada Airport</del> , Beckwourth, Plumas County, California Obstruction Study/Obstruction Removal	
13. PROPOSED PROJECT Start Date: 2008 Ending Date: 2008		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 02 b. Project 02	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 43,700 <sup>00</sup>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 5, 2008	
b. Applicant	\$ 1,208 <sup>00</sup>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ 1,092 <sup>00</sup>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 0 <sup>00</sup>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ 0 <sup>00</sup>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ 0 <sup>00</sup>		
g. TOTAL	\$ 46,000 <sup>00</sup>		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Jack	Middle Name	
Last Name Ingstad	Suffix		
b. Title County Administrative Officer	c. Telephone Number (give area code) 530-283-6315		
d. Signature of Authorized Representative	e. Date Signed 5-9-08		



APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 05-14-08	Applicant Identifier 08-288
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: Cal Poly Corporation		Organizational Unit: Department: Agribusiness	
Organizational DUNS: 02-932-6246		Division: College of Agriculture, Food & Environmental Sciences	
Address: Street: One Grand Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Lynn	
City: San Luis Obispo		Middle Name: L	
County: San Luis Obispo		Last Name: Hamilton	
State: CA Zip Code: 93407-0001		Suffix:	
Country: USA		Email: lhamilton@calpoly.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-1648180		Phone Number (give area code): (805) 756-5032 Fax Number (give area code): (805) 756-5040	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) I: State Controlled Institution of Higher Learning Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-769		9. NAME OF FEDERAL AGENCY: U.S. Department of Agriculture, Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): California Central Coast & Central Valley		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Increasing Renewable Energy Adoption in California Agriculture	
13. PROPOSED PROJECT Start Date: 08/01/08 Ending Date: 07/31/09		14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA-23 b. Project CA-23, CA-18 thru CA-22	
15. ESTIMATED FUNDING: a. Federal \$ 34,800 b. Applicant \$ 24,436 c. State \$ 26,289 d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 85,525		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 05/13/08 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative			
Prefix Ms. First Name Xenia		Middle Name E.	
Last Name Bixler		Suffix	
b. Title Director, Grants Development		c. Telephone Number (give area code) 805-756-2982	
d. Signature of Authorized Representative		e. Date Signed 5/12/08	

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Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Southern California Presbyterian Homes

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

95-1694293

\* c. Organizational DUNS:

069925345

d. Address:

\* Street1:

516 Burchett Street

Street2:

\* City:

Glendale

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code:

91203

e. Organizational Unit:

Department Name:

Affordable Housing

Division Name:

Corporate Office

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

\* First Name:

Sally

Middle Name:

\* Last Name:

Little

Suffix:

Title: Vice President, Affordable Housing

Organizational Affiliation:

\* Telephone Number:

(818) 247-0420

Fax Number:

(818) 247-3871

\* Email:

sallylittle@scphs.com

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

\* 10. Name of Federal Agency:

US Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14.157

CFDA Title:

Supportive Housing for the Elderly

\* 12. Funding Opportunity Number:

FR-5200-N-26

\* Title:

Section 202 Supportive Housing for the Elderly Program

13. Competition Identification Number:

S202-26

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Clovis, County of Fresno, State of California

\* 15. Descriptive Title of Applicant's Project:

Construction and management of a 60 unit affordable housing community for low income seniors in the City of Clovis, to be developed under the Section 202 Supportive Housing for the Elderly program.

Attach supporting documents as specified in agency instructions.

Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="8,728,954.00"/>
* b. Applicant	<input type="text" value="25,000.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="1,000,000.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="9,753,954.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission		<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify):</b> <input type="text"/>
<b>4. Applicant Identifier:</b> <input type="text"/>		
<b>5a. Federal Entry Identifier:</b> <input type="text"/>		<b>* 5b. Federal Award Identifier:</b> <input type="text"/>
<b>State Use Only:</b>		<b>RECEIVED</b> <b>MAY 13 2008</b> <b>STATE CLEARING HOUSE</b>
<b>6. Date Received by State:</b> <input type="text"/> <b>7. State Application Identifier:</b> <input type="text"/>		
<b>8. APPLICANT INFORMATION:</b>		
<b>* a. Legal Name:</b> Dominican University of California		
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-1746525		<b>* c. Organizational DUNS:</b> 074664055
<b>d. Address:</b>		
<b>* Street1:</b> 50 Acacia Avenue		
<b>Street2:</b> <input type="text"/>		
<b>* City:</b> San Rafael		
<b>County:</b> <input type="text"/>		
<b>* State:</b> CA: California		
<b>Province:</b> <input type="text"/>		
<b>* Country:</b> USA: UNITED STATES		
<b>* Zip / Postal Code:</b> 94901-2290		
<b>a. Organizational Unit:</b>		
<b>Department Name:</b> <input type="text"/>		<b>Division Name:</b> <input type="text"/>
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>		
<b>Prefix:</b> Ms.		<b>* First Name:</b> Julia
<b>Middle Name:</b> <input type="text"/>		
<b>* Last Name:</b> Arno		
<b>Suffix:</b> <input type="text"/>		
<b>Title:</b> Director, Research & Sponsored Programs		
<b>Organizational Affiliation:</b> Dominican University of California		
<b>* Telephone Number:</b> 415-257-0141		<b>Fax Number:</b> 415-257-0162
<b>* Email:</b> julia.arno@dominican.edu		

OMB Number: 4040-0004  
Expiration Date: 01/31/2009

## Application for Federal Assistance SF-424

Version 02

## 16. Congressional Districts Of:

\* a. Applicant CA-06

\* b. Program/Project 109

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

## 17. Proposed Project:

\* a. Start Date: 10/01/2008

\* b. End Date: 09/30/2009

## 18. Estimated Funding (\$):

* a. Federal	60,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	60,000.00

## \* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☒ a. This application was made available to the State under the Executive Order 12372 Process for review on

05/12/2008

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.

## \* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes☒ No

Explanation

21. "By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Ms.

\* First Name: Julia

Middle Name:

\* Last Name: Arno

Suffix: JD

\* Title: Dir. Research and Sponsored Programs

\* Telephone Number: 415-257-0141

\* Fax Number: 415-257-0162

\* Email: julia.arno@dominican.edu

\* Signature of Authorized Representative: Completed by Grants.gov upon submission.

\* Date Signed: Completed by Grants.gov upon submission

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Prescribed by OMB Circular A-102

## APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

<b>1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. Type of Application:</b> <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision		If Revision, select appropriate letter(s)  Other (specify):	
<b>3. Date Received:</b>		<b>4. Applicant Identifier:</b>		<div>RECEIVED MAY 13 2008 STATE CLEARING HOUSE</div>	
<b>5a. Fed Entity Identifier:</b>		<b>5b. Federal Award Identifier:</b> R021438			
<b>State Use Only:</b>					
<b>6. Date Received by State:</b>		<b>7. State Application Identifier:</b>			
<b>8. APPLICANT INFORMATION:</b>					
<b>a. Legal Name:</b> State of California					
<b>b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 680364962			<b>c. Organizational DUNS:</b> 002540768		
<b>d. Address:</b>					
Street 1: 1516 Ninth Street MS-1					
Street 2:					
City: Sacramento					
County: Sacramento					
State: CA					
Province:					
Country: U.S.A.					
Zip / Postal Code: 95814-5512					
<b>e. Organizational Unit:</b>					
Department Name:			Division Name: California Energy Commission		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix: Mr. First Name: John					
Middle Name: P.					
Last Name: Butler					
Suffix: II					
Title: Manager					
Organizational Affiliation:					
Telephone Number: (916)654-4204			Fax Number: (916)654-4076		
Email: jbutler@energy.state.ca.us					

## APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

## 9. Type of Applicant:

A State Government (State)

## 10. Name of Federal Agency:

U. S. Department of Energy

## 11. Catalog of Federal Domestic Assistance Number:

81.041

CFDA Title:

State Energy Program

## 12. Funding Opportunity Number:

DE-PS26-08NT00284-

Title:

Program Year 2008 State Energy Program Formula Grants

## Competition Identification Number:

Title:

## 14. Areas Affected by Project (Cities, Counties, States, etc.):

Statewide

## 15. Descriptive Title of Applicant's Project:



## APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

## 16. Congressional District Of:

a. Applicant: 05

b. Program/Project: Statewide

Attach an additional list of Program/Project Congressional Districts if needed:

## 17. Proposed Project:

a. Start Date: 07/01/2008

b. End Date: 06/30/2009

## 18. Estimated Funding (\$):

a. Federal	2,151,000.00
b. Applicant	430,200.00
c. State	1,847,975.98
d. Local	0.00
e. Other	0.00
f. Program Income	0.00
g. TOTAL	4,429,175.98

## 19. Is Application subject to Review By State Under Executive Order 12372 Process?:

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on: 05/12/2008
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372

## 20. Is the applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation)

No

21. By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 218, Section 1001)

☒ I AGREE

\*\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

## Authorized Representative:

Prefix: Mr. First Name: John

Middle Name: P.

Last Name: Butler

Suffix: II

Title: Manager

Telephone Number: (916)654-4204

Fax Number:

Email: jbutler@energy.state.ca.us

Signature of Authorized Representative: Signed Electronically

Date Signed: 05/12/2008

APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

Applicant Federal Debt Delinquency Explanation:

following field should contain an explanation if the Applicant is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

Application for Federal Assistance SF-424

Version 02

\* 1. Type of Submission:

- ☐ Preapplication  
☒ Application  
☐ Changed/Corrected Application

\* 2. Type of Application:

- ☐ New  
☒ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify)

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

RECEIVED

MAY 13 2008

5a. Federal Entity Identifier:

\* 5b. Federal Award Identifier:

90EF0061

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

\* a. Legal Name: Rural Community Assistance Corporation

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

94-2512284

\* c. Organizational DUNS:

093587368

d. Address:

\* Street1: 3120 Freeboard Dr Ste 201

Street2:

\* City:

West Sacramento

County:

\* State:

CA: California

Province:

\* Country:

USA: UNITED STATES

\* Zip / Postal Code: 95691

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

\* First Name:

Diana

Middle Name:

\* Last Name:

Varcados

Suffix:

Title: Grants and Contracts Manager

Organizational Affiliation:

\* Telephone Number: 916/447-9832 x 1046

Fax Number:

\* Email: dvarcados@rcac.org

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

Administration for Children and Families

**11. Catalog of Federal Domestic Assistance Number:**

CFDA Title:

**\* 12. Funding Opportunity Number:**

HHS-2008-ACF-CONT-OCS-EF

\* Title:

Continuation for ACF Research & Demo

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington

**\* 15. Descriptive Title of Applicant's Project:**

Rural Community Development Activities Program. Provide technical assistance and training for water and waste disposal facilities to low-income rural communities.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant CA01

\* b. Program/Project Varies

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date: 09/30/2008

\* b. End Date: 09/29/2009

18. Estimated Funding (\$):

* a. Federal	1,099,500.00
* b. Applicant	
* c. State	
* d. Local	
* e. Other	
* f. Program Income	
* g. TOTAL	1,099,500.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 05/13/2008.
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes ☒ No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name: Stanley

Middle Name:

\* Last Name: Reasling

Suffix:

\* Title: Chief Executive Officer

\* Telephone Number: 916/447-9832 x 1002 Fax Number:

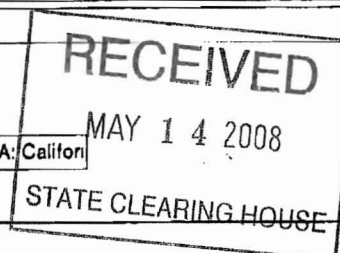
\* Email: skeasling@rcac.org

\* Signature of Authorized Representative: Completed by Grants.gov upon submission. \* Date Signed: Completed by Grants.gov upon submission.

## APPLICATION FOR FEDERAL ASSISTANCE

## SF 424 (R&amp;R)

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>2. DATE SUBMITTED</b> 	<b>Applicant Identifier</b> 
<b>5. APPLICANT INFORMATION</b>		<b>3. DATE RECEIVED BY STATE</b> 	<b>State Application Identifier</b> 
<b>* Legal Name:</b> The Regents of the University of California <b>Department:</b> Office of Contract & Grant Adm <b>Division:</b> UCLA <b>* Street1:</b> 11000 Kinross Avenue, Suite 102 <b>Street2:</b> <b>* City:</b> Los Angeles <b>County:</b> Los Angeles <b>* State:</b> CA: California <b>Province:</b> <b>* Country:</b> UNITED ST <b>* ZIP / Postal Code:</b> 90095-1406 <b>* Organizational DUNS:</b> 092530369		<b>4. Federal Identifier</b> DE-FG02-92ER40693	
<b>Person to be contacted on matters involving this application</b> <b>Prefix:</b> * <b>First Name:</b> Ms. <b>Middle Name:</b> <b>* Last Name:</b> Lund <b>Suffix:</b> <b>* Phone Number:</b> 310-794-0171 <b>Fax Number:</b> 310-794-0631 <b>Email:</b> klund@resadmin.ucla.edu			
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 1956006143A1		<b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education Other (Specify): <b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify) * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?		<b>9. * NAME OF FEDERAL AGENCY:</b> Chicago Service Center <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 81.049 <b>TITLE:</b> Office of Science Financial Assistance Program	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Supplemental Funding Proposal for Advanced Accelerators and Beam Physics Research at UCLA			
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Los Angeles, CA			
<b>13. PROPOSED PROJECT:</b> * Start Date 11/01/2007 * Ending Date 10/31/2008		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant CA-030 b. * Project CA-030	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> <b>Prefix:</b> * <b>First Name:</b> Prof. <b>Middle Name:</b> B. <b>* Last Name:</b> Rosenzweig <b>Suffix:</b> <b>Position/Title:</b> Professor of Physics & Astronomy <b>* Organization Name:</b> The Regents of the University of California <b>Department:</b> Physics and Astronomy <b>Division:</b> UCLA <b>* Street1:</b> 475 Portola Plaza <b>Street2:</b> <b>* City:</b> Los Angeles <b>County:</b> Los Angeles <b>* State:</b> CA: California <b>Province:</b> <b>* Country:</b> UNITED ST <b>* ZIP / Postal Code:</b> 90095-1547 <b>* Phone Number:</b> 310-206-4541 <b>Fax Number:</b> 310-206-5251 <b>* Email:</b> yrosen@physics.ucla.edu			



**SF 424 (R&R) APPLIC. FOR FEDERAL ASSISTANCE****Page 2**

<b>16. ESTIMATED PROJECT FUNDING</b>		<b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>	
a. * Total Estimated Project Funding	60,000.00	a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. * Total Federal & Non-Federal Funds	60,000.00	DATE: 05/13/2008	
c. * Estimated Program Income	0.00	b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
<b>18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)</b>			
<input checked="" type="checkbox"/> * I agree			
* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.			
<b>19. Authorized Representative</b>			
Prefix:	* First Name:	Middle Name:	* Last Name:
Ms.	Kristin		Lund
* Position/Title: Grant Analyst		* Organization: The Regents of the University of California	
Department: Office of Contract & Grant Adm		Division: UCLA	
* Street1: 11000 Kinross Avenue, Suite 102		Street2:	
* City: Los Angeles		County: Los Angeles	* State: CA: California
Province:		* Country: UNITED STATES	* ZIP / Postal Code: 90095-1408
* Phone Number: 310-794-0171		Fax Number: 310-794-0831	* Email: klund@resadmin.ucla.edu
* Signature of Authorized Representative		* Date Signed	
Completed on submission to Grants.gov		Completed on submission to Grants.gov	
<b>20. Pre-application</b>		<b>Add Attachment</b>	
<b>21. Attach an additional list of Project Congressional Districts if needed.</b>			
<b>Add Attachment</b>		<b>Add Attachment</b>	

OMB Approval No. 0348-0043

**APPLICATION FOR  
FEDERAL ASSISTANCE**

<b>1. Type of Submission</b> <i>Application</i> <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Non-Continuation		<b>2. Date Submitted (mm/dd/yyyy)</b> May 13, 2008		<b>Applicant Identifier</b> B-08-MC-0575	
<b>3. Date Received by State (mm/dd/yyyy)</b>		<b>4. Date Received by Federal Agency (mm/dd/yyyy)</b>		<b>State Applicant Identifier</b>	
<b>5. APPLICANT INFORMATION</b>		<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 9 5 — 2 2 5 9 5 8 5		<b>7. TYPE OF APPLICANT:</b> (Enter appropriate letter in box) <b>C</b>	
<b>Legal Name:</b> City of Vista		<b>Address (give city, county, state, and zip code):</b> 600 Eucalyptus Avenue Vista, CA 92084		<b>Organizational Unit:</b> Municipal Government	
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		<b>9. NAME OF FEDERAL AGENCY:</b> Housing and Urban Development Department		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: (xx-yyyy)</b> 1 4 • 2 1 8 <b>TITLE:</b> Community Development Block Grant	
<b>11. AREA(S) AFFECTED BY PROJECT (cities, counties, states, etc.):</b> City of Vista		<b>12. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Projects include the continued funded public service activities, economic development activities, program administration, fair housing, debt service, and an Internal CIP project targeted to necessary street, sidewalk, and lighting improvements in qualified low- and moderate-income areas.			
<b>13. PROPOSED PROJECT:</b> Start Date (mm/dd/yyyy): 7/1/08 Ending Date (mm/dd/yyyy): 6/30/09		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant: 49 <sup>th</sup> Congressional District b. Project: 49 <sup>th</sup> Congressional District			
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>			
a. Federal \$ 1,171,239		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE (mm/dd/yyyy) 05/14/2008			
b. Applicant \$		b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372			
c. State \$		OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
d. Local \$		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>			
e. Other \$		<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
f. Program Income \$					
g. TOTAL \$ 1,171,239					
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Typed Name of Authorized Representative Rita L. Geldert		b. Title City Manager		c. Telephone number (760) 639-6131	
d. Signature of Authorized Representative <i>Rita L. Geldert</i>				e. Date Signed 05/13/2008 May 13, 2008	

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Prescribed by OMB Circular A-10



# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> May 14, 2008	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

<b>5. APPLICANT INFORMATION</b> Legal Name: Yuba-Sutter Economic Development Corporation		<b>Organizational Unit:</b> Department:																						
Organizational DUNS: 120321596		Division:																						
<b>Address:</b> Street: 1227 Bridge Street, Suite C City: Yuba City County: Sutter State: California Zip Code: 95991 Country: U.S.		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b> Prefix: Mr. First Name: Stephen Middle Name:  Last Name: Brammer Suffix:																						
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 68-0342145		Email: sbrammer@ysedc.org	Phone Number (give area code): 530-751-8555 x 101																					
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) O. Not for profit Other (specify) Economic Development District																						
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Section 209 Economic Adjustment Assistance 11-302		<b>9. NAME OF FEDERAL AGENCY:</b> U.S. Department of Commerce, Economic Development Administration																						
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> Yuba and Sutter counties; cities of Marysville, Yuba City, Live Oak and Wheatland		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Five-Year Regional Partnership Strategy																						
<b>13. PROPOSED PROJECT</b> Start Date: July 1, 2008 Ending Date: June 30, 2009		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant District 2 b. Project District 2																						
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>																						
<table border="1"> <tr> <td>a. Federal</td> <td>\$</td> <td>54,000.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>8,087.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>102,037.00</td> </tr> </table>		a. Federal	\$	54,000.00	b. Applicant	\$	8,087.00	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	102,037.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: May 12, 2008 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	54,000.00																						
b. Applicant	\$	8,087.00																						
c. State	\$																							
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$																							
g. TOTAL	\$	102,037.00																						
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No																								
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																								
<b>a. Authorized Representative</b>																								
Prefix: Mr.		First Name: Stephen																						
Last Name: Brammer		Middle Name:  Suffix:																						
b. Title: Chief Operating Officer		c. Telephone Number (give area code): 530-751-8555 x 101																						
d. Signature of Authorized Representative:		e. Date Signed: May 12, 2008																						

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Standard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED <b>May 22, 2008</b>		Applicant Identifier	
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			

<b>5. APPLICANT INFORMATION</b>																																	
Legal Name: <b>City of Salinas</b>			Organizational Unit: Department: <b>Public Works/Airport</b>																														
Organizational DUNS:			Division:																														
Address: Street: <b>30 Mortensen Ave</b>			Name and telephone number of person to be contacted on matters involving this application (give area code)																														
City: <b>City of Salinas</b>			Prefix: <b>Mr.</b> First Name: <b>Gary</b>																														
County: <b>Monterey</b>			Middle Name:																														
State: <b>California</b> Zip Code: <b>93905</b>			Last Name: <b>Petersen</b>																														
Country: <b>United States of America</b>			Suffix:																														
Email: <b>garyp@ci.salinas.ca.us</b>			Phone number (give area code): <b>831-758-7214</b>																														
FAX number (give area code): <b>831-759-2518</b>			7. TYPE OF APPLICANT: (See back of form for Application Types) <input checked="" type="checkbox"/> C Other (specify):																														
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)			9. NAME OF FEDERAL AGENCY <b>Federal Aviation Administration</b>																														
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;">             2 0 - 1 0 6           </div>			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Modify/Realign Service Road (Design, Construct); New Taxilane (Construct); Replace Beacon (Construct); Install/Replace Perimeter Fencing (Construct); Rehabilitate Terminal Apron (Construct)</b>																														
TITLE: (AIP) Airport Improvement Program			12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): <b>City of Salinas, California</b>																														
13. PROPOSED PROJECT Start Date: <b>August 1, 2008</b> Ending Date: <b>March 15, 2010</b>			14. CONGRESSIONAL DISTRICTS OF a. Applicant <b>17<sup>th</sup></b> b. Project <b>17<sup>th</sup></b>																														
15. ESTIMATED FUNDING			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <b>May 15, 2008</b> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																														
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">a. Federal</td> <td style="width:15%;">\$</td> <td style="width:20%; text-align: right;"><b>\$745,332</b></td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;"><b>\$39,228</b></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;"><b>\$784,560</b></td> <td style="text-align: right;">.00</td> </tr> </table>			a. Federal	\$	<b>\$745,332</b>	.00	b. Applicant	\$		.00	c. State	\$		.00	d. Local	\$	<b>\$39,228</b>	.00	e. Other	\$		.00	f. Program income	\$		.00	g. TOTAL	\$	<b>\$784,560</b>	.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes    If "Yes" attach an explanation <input checked="" type="checkbox"/> No		
a. Federal	\$	<b>\$745,332</b>	.00																														
b. Applicant	\$		.00																														
c. State	\$		.00																														
d. Local	\$	<b>\$39,228</b>	.00																														
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f. Program income	\$		.00																														
g. TOTAL	\$	<b>\$784,560</b>	.00																														
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a. Authorized Representative																																	
Prefix <b>Mr.</b>		First Name <b>Gary</b>		Middle Name																													
Last Name <b>Petersen</b>				Suffix																													
b. Title <b>Airport Manager</b>				c. Telephone number (give area code) <b>831-758-7214</b>																													
d. Signature of Authorized Representative				e. Date Signed																													